# **RECEIVED** United States District Court

AUG 1 4 2023

Sth Cir. District of Nebraska

U.S. DISTRICT COURT

Division

Hank Arkulari #215430

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Prison Medical Staff-Jon Ooe (UK)

Scott R. Frakes Trison Administration Pricesor

Jeffrey Kasselman-Medical Director

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

8:22 cv 00446 - JFB
(to be filled in by the Clerk's Office)

DISTRICT OF NEBRAS 2023 AUG 14 AM 11:

#### COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

#### I. The Parties to This Complaint

#### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Hank Ar	Kulari		
All other names by which				
you have been known:				
ID Number	215430			
Current Institution	Community	Corrections	Center	Lincoln
Address	2720	Corrections West Van	Dorn	str.
	Lincoln	Neb	68	3522
	City	State	Zij	p Code

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1	T CC N
Name	Jeffrey Kasselman
Job or Title (if known)	Medical Director
Shield Number	
Employer	Nebraska Department Correctional Services
Address	P.O. Box 94661
	Lincoln Neb. 68509-4661  State Zip Code
	Individual capacity Official capacity
Defendant No. 2	
Name	Scott R. Frakes
Job or Title (if known) Shield Number	Prison Administration Director
Employer	Neb. Dept. of Correctional Services
Address	P.O. Box 94661 Lincoln Neb 68509-4661 City State Zip Code
	Individual capacity Official capacity

		Defendant No. 3  Name  Job or Title (if known)  Shield Number  Employer  Address	Jane & Jon Doe Prison N  Nebraska Depart  P.O. Bo  Lincoln  City  Individual capacity	Vnkn Neclical Nen of Com X 94661 Neb State	68509-466L Zip Code
		Defendant No. 4 Name Job or Title (if known) Shield Number Employer Address			
II.	Basis	for Jurisdiction	City  Individual capacity	State Official capac	Zip Code
	immu <i>Feder</i>	r 42 U.S.C. § 1983, you may sue s inities secured by the Constitution ral Bureau of Narcotics, 403 U.S. itutional rights.	and [federal laws]." Under Biven	s v. Six Unknown	Named Agents of
	A.	Are you bringing suit against (c. Federal officials (a Bivens State or local officials (a §	claim)		
	В.	the Constitution and [federal law	ging the "deprivation of any right ws]." 42 U.S.C. § 1983. If you ar y right(s) do you claim is/are bein epathis C Treatment the Due Process Acc	re suing under sec	tion 1983, what
NOTE-		Please See at	lational atachme	A)* High	nlighted - B.
	C.		ay only recover for the violation on the stitutional right(s) do you claim		

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

See Page 2-D Highlited

III.	Prisoner	Status
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Indicate	whether you are a prisoner or other confined person as follows (check all that apply):
	Pretrial detainee
	Civilly committed detainee
	Immigration detainee
$\bowtie$	Convicted and sentenced state prisoner
	Convicted and sentenced federal prisoner
	Other (explain)

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.
- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

on August. 2022 Prison medical Staff diagnosed Plaintiff
With Hepatitis C. and finited to provide treatment.

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C. What date and approximate time did the events giving rise to your claim(s) occur?

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

See page 4.-5

#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

See Page 5

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

See Page 5

#### VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	Nebraska Department of Corrections. Priso
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	□ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	☐ Yes
	No
•	Do not know
	If yes, which claim(s)?

D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	□ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	□ No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	Nebraska RTC - Department of Corrections  2. What did you claim in your grievance?  Please See Exhibits brought to Courts.
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	Response to all grievance's Plaintiff Boes Not meet criteria.
	Does Not meet criteria.

## Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

	F.	If you did not file a grievance:
		1. If there are any reasons why you did not file a grievance, state them here:
		<ol> <li>If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:</li> </ol>
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
VIII.	Previou	s Lawsuits
	the filing brought maliciou	ree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying g fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, us, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).
	To the b	best of your knowledge, have you had a case dismissed based on this "three strikes rule"?
(	Yes	5
	If yes, st	tate which court dismissed your case, when this occurred, and attach a copy of the order if possible.

Pro Se 14 (Rev. 12/1	16) Cor	nplaint for Violation of Civil Rights (Prisoner)
Α.		we you filed other lawsuits in state or federal court dealing with the same facts involved in this on?
		Yes
	Ø	No
В.		our answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is re than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1.	Parties to the previous lawsuit
		Plaintiff(s)
		Defendant(s)
	2.	Court (if federal court, name the district; if state court, name the county and State)
	3.	Docket or index number
	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending?
		Yes
		□No
		If no, give the approximate date of disposition.
		in the, give the approximate date of disposition.
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

o Se 14 (Rev. 12/1	6) Cor	nplaint for Violation of Civil Rights (Prisoner)
		Yes
		No
D.		our answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is re than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1.	Parties to the previous lawsuit
		Plaintiff(s)
		Defendant(s)
	2.	Court (if federal court, name the district; if state court, name the county and State)
	3.	Docket or index number
	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending?
		Yes
		No
		If no, give the approximate date of disposition
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

#### IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:			
	Signature of Plaintiff	Hank Thate		
	Printed Name of Plaintiff	Hank Arkulari		
	Prison Identification #	215430		
	Prison Address	2720 West Van Dor	n street	-
		Lincoln	Neb State	68522 Zip Code
В.	For Attorneys			
	Date of signing:			
	Signature of Attorney			
	Printed Name of Attorney			·
	Bar Number			
	Name of Law Firm			
	Address			
		City	State	Zip Code
	Telephone Number			
	E-mail Address			

Prison Administration director violated Plaintiffs

Civil rights by deciding which inmates recieve Hepatitis C

Treatment without specialized training and intentionally

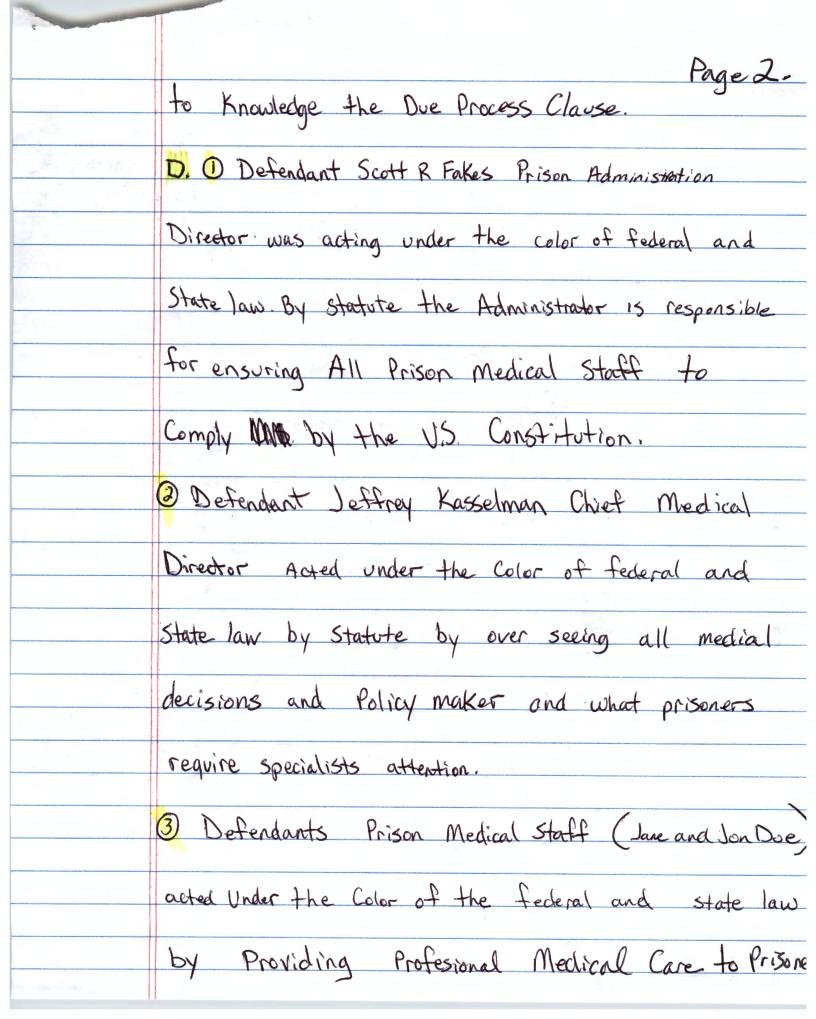
Interfering with medical need

Chief Medical Director Leffroy Kasselman

Violated Plaintiff civil rights, failure to take reasonable

Measures to prevent plaintiff Hepatitisc from

Spreading throughout the Prison and failure



IV.

Page 3.

Statement of claim

Factual Allegations:

- 1. On or about August 2022, Plaintiff arrived at the Nebraska Department of Corrections (State Penitentary)
- 2. On or about Aug. 27, 2022, Defendant Jon Doe Prison Medical Staff diagnosed Plaintiff with Hepatitis C.
- 3. Shortly after Defendant Jon Doe Prison Medical Staff failed to provide Hepotitis C treatment
- 4. Defendants Jon Doe Prison Medical Staff Stated their staff had to follow Prison guide lines. to whom gets Hepatitis C treatment.
- 5 Defendants Jon Doe Prison Medical Staff also Stated. That Plaintiff does Not meet requirements for treatment at this time.
- 6. Defendant Jon Doe Prison Medical Staff stated that Plaintiff will be placed on Chronic Care and be monitored.
- 7. Around September and October Plaintiff exhausted all Prison Remedies.

- 8. As to the claim in paragraph 7 Defendant Jon Doe Prison medical Staff failed to give explanation of Why No medical Treatment when Treatment is needed
- 9. On one of the Inmotes Kites that the Plaintiff recieved from the Defendants Jon Doe medical Staff stated that Hepatitis C Therapy is expensive and they have to follow protocols.
- Again Prison Medical Staff Jon Doe Hostility affitude twoords Plaintiff While trying to get get answers and to get medical treatment for this dargaras Virus
- 11. D. Plaintiff Never recieved Hepatitis-C medical Treatment Never Seen Prison Medical Staff. to get monitored and Never came across any Hepatitis C Committee.
- 2. Prison Medical Staff Jon Doe Responded in a inmute grievence they time Here doesn't meet criteria. with No explanation.
- Jeffrey Kasselman Medical Director of state Peritentary policymaker, prohibits plaintiff to get Hepatitis C mediation do to his guidelines and Rules the Prison Medial Staff must follow.

Page 5

H. Scott R. Frakes Prison Administration Director, failed to over see Plaintiff to get professional Medical Care when Hepatis-C is clearly a serious medical Need.

V. Injuries

Hepatitis C is life threatning, caused Plaintiff cirrhosis (scarring of the liver) liver Concer, and death if Not treated Plaintiff should of been immediate treatment not denied or prolonged. Specially when there is medication for plaintiff to prevent contracting the disease or even Spreading the virus throughout the plaintiffs body to where treatment is to late.

# VI Relief

Wherefore, Plaintiff respectfully prays that this Court:

- A. Declares that the acts and Omissions described herein violated Plaintiff's rights under the Consitution and laws of the United States:
- B. Order Defendants to pay Compensatory and punitive damages:
- C. Grant other just and equitable relief that this Honorable Court deems necessary
- D. Order Defendants to reasonable attorney fees and Costs;

Filed: 08/14/23



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# RECEIVED

AUG 1 4 2023

U.S. DISTRICT COURT

office of the Clerk United States District Court 111 S. 18th Plaza, Svite 1152 Omaha, Neb. 68102-1322